



Mark R. Warner
Governor of Virginia

The Partnership Press

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S y s t e m T h r o u g h R e g i o n a l
P a r t n e r s h i p P l a n n i n g*



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Regional Reinvestment Projects

Legislative Endorsement

In December Governor Warner proposed regional reinvestment projects in five regions. The 2003 General Assembly, in its final budget deliberations, endorsed the Governor's proposed "Community Reinvestment Initiative," and clearly stated its intent that the Governor and Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) continue to work toward restructuring the services system. The Community Reinvestment Initiative was modified to limit the FY '04 projects to the Northwestern Region (Western State Hospital), Central Region (Central State Hospital), and Eastern Region (Eastern State Hospital). The implementation date for the Northern Region (NVMHI) Project remains FY '05.

Bridge Funding

The Department is required to identify up to \$500,000 in bridge funding to address one-time, non-recurring expenses associated with each reinvestment project. In addition, although the proposed project for Southwestern Virginia (Southwestern Virginia Mental Health Institute) was not included in FY '04, the Department was directed to identify an estimated \$500,000 that may be used to prepare for subsequent community reinvestment projects serving Southwestern Virginia. The Department was given the authority to propose reinvestment projects for the Southwestern region to the 2004 Session of the General Assembly.

State Employees

Detailed language was added to the Appropriation Act to require a "State Facility Employee Transition Plan" before implementing any reinvestment project or portion of a reinvestment project that would eliminate any currently filled, permanent, full-time state facility positions.

Local Governments

In addition, the General Assembly clearly stated its intent that local governments not become financially responsible for the regional reinvestment projects, nor required to provide matching funds for the projects. The Act stipulates that the "Commonwealth retains its long-standing financial responsibility for public acute inpatient psychiatric services." The Governor, in recommending any future funding levels for reinvestment, is required to address the projected increases in numbers of consumers served and operating costs in order to avoid a shift of responsibility to local governments.

Reports

The progress of each of the Community Reinvestment Initiatives is summarized in the reports from the regions (p. 3). In these reports each region provides an update on Regional Partnership Planning activities to date. The Department is also required to submit quarterly reports on each reinvestment project to both the Governor and the General Assembly.

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Regional Partnership Planning

The reinvestment projects are, in the Governor's words, "the first stage of a multi-year vision to fundamentally change how mental health, mental retardation and substance abuse services in Virginia are delivered and managed...Our long-term goal is to continue progress on moving the system toward community-based care, so that we can help all Virginians to live in our communities with dignity and independence." This goal has been the public policy of the Commonwealth for over two decades:

- The prevailing theme of the 1980 Report of the Commission on Mental Health and Mental Retardation (Bagley Commission) was "the individualization of services for mental health, mental retardation and substance abuse in a community setting close to the home of the mentally handicapped individual and his family whenever possible."
- In 1998, the report of the Hammond Commission on Community Services and Inpatient Care read, "Virginians should strive to improve the possibilities for people with mental disabilities to lead independent lives in a community."
- The 2000 Report of the Joint Subcommittee to Evaluate the Future Delivery of Publicly Funded Mental Health, Mental Retardation and Substance Abuse Services (Hall-Gartlan Commission) states, "What we found is an undervalued and under-funded system that is rooted in community-based services, but is driven largely by the needs of the state facilities. The concept of community-based services has been reaffirmed through a succession of legislative and executive reviews over the years. Unfortunately, the Commonwealth has failed to follow through with the necessary resources to realize the vision."

While the regional reinvestment initiatives are specific, focused projects being implemented currently in three regions of the state, system leadership and stakeholders are involved in a broader, more comprehensive assessment of what is needed to achieve a truly community-based services system. This process of Regional Partnership Planning is a strategic and longer-term process of on-going grassroots planning and communication.

Together the regional partners will (1) engage in a dialogue about major issues facing the region, (2) consider and propose regional and state-level actions that would improve the quality of care and service delivery in the region, and (3) explore potential opportunities for restructuring, including closure or conversion to another use of a state facility. The Regional Partnerships are due to report to the Department in early August of 2003 and 2004.

It is important to note, that Regional Partnership Planning is guided by the following principles that will help to shape the vision of the future services system:

Consumer Focus—consumer needs should be at the center of the planning process.

Commitment to Staff—The system should be committed to the retention, redeployment, training, and development of services system staff.

Community-Based—with Safety Net—The system should be structured to provide, manage, and coordinate services as close to the consumer's home as possible, with the state assuring a safety net for individuals who cannot be served in the community.

Change Incentives—Incentives should be created or changed to promote a community-based system of care that delivers the highest possible quality of services.

Continuum of Care—The system should provide a continuum of care where the severity of a consumer's illness or disability determines the most appropriate location, level, type, and intensity of care.

Reinvestment of Resources—System resources should be redirected and reinvested to minimize reliance on and promote the effective use of inpatient services; however, the cost of inpatient services should not be shifted to local government.

Flexibility and Choice—The system should be flexible and seamless, allowing for the greatest amount of consumer choice, and be able to respond to changing population and consumer needs.

Maximize Funds—The system should be structured to maximize all available public funds, especially Medicaid, and make the most efficient and effective use of these resources.

Financial Viability—The long-term financial viability of services should be incorporated into plans for restructuring.

Regional Updates

Southern Region

Regional Activities: The Southern Regional Partnership met April 10, 2003, at Danville-Pittsylvania Community Services (DPCS). Background information was shared with each member regarding a regional approach in planning for a community-based system of care for individuals with mental illness, mental retardation and substance abuse disorders in Southside, Virginia. Partnership members were asked to solicit feedback from stakeholders and constituents regarding service needs and priorities. This stakeholder and constituent feedback will be discussed at the next Partnership meeting, scheduled for May 29.

Eastern Region

Regional Activities: Partnership Planning activities are currently being coordinated at the local level initially with each CSB working with identified stakeholders within its localities to facilitate a broader regional meeting. Planning within the region for implementation of the Reinvestment Project involves weekly Friday meetings of the region's Systems Oversight Group, comprised of senior management staff of the nine CSBs in the region, Eastern State Hospital, and the DMHMRSAS Central Office staff. Executive Directors meet monthly and maintain ongoing dialogue with the Systems Oversight Group and DMHMRSAS Central Office. Additionally, the region has coordinated meetings with regional private providers of inpatient psychiatric treatment and the CSB physicians. The DMHMRSAS Office of Human Resources continues to provide guidance and assistance to the region in areas related to communication with facility staff that may be affected by the reinvestment project.



Northwestern Area

Regional Activities: Partnership planning and collaboration between CSB and Western State Hospital staff have resulted in the identification of 36 patients for discharge to either an ICF/MR facility or to the community, with individualized treatment plans for wrap-around services. The majority of discharges will take place between October 2003 and January 2004. Cost per treatment plan will be determined as patients' needs are identified. The individual communities and the region as a whole are working to build the necessary infrastructure. The region held its first stakeholders meeting in March. It was well attended by advocacy groups, local government officials and private providers. The reinvestment strategies were presented for discussion and comment and desired outcomes and timeline for reporting were also presented. The group identified system strengths and weaknesses, including service gaps in the region. The next stakeholders' meeting will be in May. Executive Directors, along with the Director of Western State Hospital, will meet again on April 25th.

Northern Region

Regional Activities: The Northern Virginia Regional Partnership Planning Project was initiated with the first meeting of the Steering Committee on December 19, 2002. The Steering Committee includes staff and Board Members from the five regional CSB's, State Facility Directors and staff, and a broad range of stakeholders from the community. One of the first accomplishments was development of a Draft Vision and Guiding Principles and Objectives. A link from the Fairfax-Falls Church CSB Web Site (<http://www.fairfaxcounty.gov/service/csb/homepage.htm>) has been developed which will make available summaries of all past meetings, work and planning documents, and a schedule of future meetings. More than ten Community Forums and Consumer Focus Groups were held throughout the region to gather input on what works well, what needs improvement, and what is missing in the current system of care and to get feedback on the Vision and Guiding Principles.

The Partnership decided the initial focus for review should be services for adults with mental illness since this is the population most likely to be impacted by one of the most pressing issues in the region – the trend toward fewer private psychiatric hospital beds in combination with the projected growth in population. However, other areas of service needs related to this population are also being considered, including forensic services, co-occurring mental health and substance abuse disorders, dual diagnosis of mental retardation and mental illness, and geriatric population needs.

In addition to the Steering Committee, several work groups have been formed to focus in more detail on specific issues and to report back to the Steering Committee. Regular meetings have been occurring with representatives of the private psychiatric hospitals in the region and the Health Systems Agency.

A draft report should be available for community and stakeholder review in late June.

Central Region

Regional Activities: The Region IV reinvestment planning group that involves the CSB's and Central State Hospital met with Commissioner Reinhard on Friday, April 11 to present the region's reinvestment plan. In this meeting, the planning group stressed the importance of developing its plan around the needs of clients who would otherwise require CSH services. The planning group has devoted a great deal of attention to determining what clients will need to successfully stay in the community and be stable. The current focus of the planning includes education of staff, local governments and other stakeholders. The proposed Region IV plan has two phases. Phase I focuses on project management; contracting for crisis stabilization, specialized nursing home beds, and dual disorder (mental illness and substance abuse) detoxification services; and a regional census management effort. Phase II focuses on building capacity within the community through such services as specialized adult living units, additional PACT services, intensive case management and psychosocial programs. The goal of Phase I is to close one civil ward at Central State Hospital. The project expects there will be no job loss related to the closure of the civil ward due to current vacancies and attrition.

Far Southwestern Region

Regional Activities: Partnership Planning in far Southwestern Virginia is a natural extension of the usual activities of the Southwest Virginia Behavioral Health Board for Regional Planning (SWVBHB). Chartered in 1992, the SWVBHB consists of the Executive Directors of the Regions' six Community Services Boards, the Facility Directors of the Mental Health Institute and the Training Center serving the region, and Family and Consumer Representatives. Board members work closely with their clinical counterparts in the CSBs and facilities, have an active role in consumer leadership training, and support the development of family support groups in many communities. A working subgroup of the SWVBHB has been identified to review previous consultative reports completed for the regional board and to begin to plan more specifically for the use of the identified bridge money, which would lead to community reinvestment. An important component of the project will be the identification and collection of a variety of outcome measures so that success can be measured in a variety of domains.

The Family and Consumer Support Services Committee of the SWVBHB will coordinate broad stakeholder input to regional Partnership Planning through the region's active Family Support Groups. They will organize public forums and conduct surveys to broaden participation. All other interested advocacy groups in the far southwestern Virginia region will be encouraged to become involved.

Catawba Region

Regional Activities: The first meeting of the Regional Partnership Leadership Group was held March 17. This group will be meeting regularly throughout the restructuring process. The Leadership Group currently has representation from the Mental Health Association of Roanoke Valley, the Alliance for the Mentally Ill-Roanoke Valley and the Lewis-Gale Center for Behavioral Health, along with Carilion Health System, Blue Ridge Behavioral Healthcare, Alleghany Highlands Community Services Board and Catawba Hospital. The regional planning effort is focused primarily upon the development of an integrated system of care for adults with serious mental disabilities while assuring the necessary public acute inpatient capacities for the region. Specialized workgroups will determine the feasibility and develop implementation strategies to address cross-system service coordination, integration and team development in the areas of physician resource management, Programs of Assertive Community Treatment (PACT) team development, centralized pharmacy services, psychosocial rehabilitation/day treatment, and transitional housing.

This regional system reform effort will be built initially upon the strengths and capacities of the current human resources within the public and private provider network, maximizing current facilities utilization, and increasing third party revenues.

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